Please submit to Optum within seven (7) days from the notice. Thank you.

|  |  |
| --- | --- |
| Client Name ­­­­­­­­­­­­­­­­­­ | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Date of Letter of Determination or Notice | Click or tap here to enter text. |
| Date of Appeal Request | Click or tap here to enter text. |
| Facility | Click or tap here to enter text. |
| Name of Requestor | Click or tap here to enter text. [ ]  Attending Physician [ ]  Conservator [ ]  Client  |
| Phone | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |

For each criterion not met listed below, please specifically address how the client does meet criteria for admission or continued stay. Attach any supporting documentation as necessary.

The client does not meet the following criteria:

Please mail, fax, or secure email the request to: Optum, Quality Improvement

 PO Box 601370

 San Diego, CA 92160-1370

 Fax: 844-897-5479

 Phone: 619-610-6736

 SDQI@optum.com

**Procedure for Submitting Long Term Care Appeals**

* An appeal may be requested if the attending psychiatrist, conservator, or client disagrees with the criteria not met on the letter or notice. An appeal must be requested within seven (7) days of receipt of the letter or notice. The requestor submits to Optum a written appeal on the designated appeal form with supporting documentation. The designated appeal form is included with the letter or notice.
* Mail, fax, or secure email the request to:

Optum, Quality Improvement

PO Box 601370

San Diego, CA 92160-1370

Fax: 844-897-5479

Phone: 619-610-6736

SDQI@optum.com

* Optum forwards the appeal and supporting documentation to the County of San Diego. The facility receives a written outcome within fourteen (14) days of the receipt of the request.